FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED 7

2013 JUN -5 AM 11: 20

FEC MALL CENTER

					Office Ode Offiy
NAME OF COMMITTEE (in full)	9 9 '	Check if name s changed)	Example: If typing, ty over the lines.	pe 12FE4M	5
Elizabeth Emken for Congress					
<del></del>	9331 6	ilverbend Lane			
ADDRESS (number and street)		L L L L L L L L			
(Check if address is changed)	Elk Gr	ove		CA	95624
		CITY			ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)					
COMMITTEES E-MAIC ADDITECT		nemain.com	man address;		,
(Check if address is changed)				1 1 1 1 1 1 1	
COMMITTEE'S WEB PAGE ADDRESS (URL)					
(Check if address	www.el	12abechemken.cc		<del></del>	
is changed)	1				
2. DATE 06 03  3. FEC IDENTIFICATION NU  4. IS THIS STATEMENT X	JMBER	(N) OR	AMENDED	(A)	
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.					
Type or Print Name of Treasurer Vana L. Copp					
Signature of Treasurer	J	mo L.	[mp	Date C	ELOS ÉD D
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use Only			For further inform Federal Election C Toll Free 800-424- Local 202-694-110	ommission 9530	FEC FORM 1 (Revised 02/2009)